

Request for Paid Time Off Reimbursement

I, _____, work for _____ and received a COVID-19 vaccination on _____ and _____ (if applicable). I missed _____ hours of work either to receive a COVID-19 vaccine or to recuperate after my vaccination and was compensated \$_____.

I declare under penalty of perjury that the representations herein and the documentation provided are complete, true, and correct.

Signature

Date

Phone Number